



SAPR Program Victim Information – First Contact Form

Note to the Victim Advocate:

The following information should be collected by the Victim Advocate (VA) during the initial contact with the victim, and the original copy should be turned over to the SARC upon completion. The information provided will assist the SARC in meeting the required data elements for the DOD Defense Case Record Management System (DCRMS), or the SAPR Interim Reporting Solution worksheet until DCRMS becomes operational. After the information is entered into the database, the original form will be destroyed. The VA should not keep any personal record of this form or its contents.

This information should be collected in such a way as to prevent overwhelming and/or intimidating the victim. *The VA should gather these data only after addressing the victim's immediate safety concerns and needs, and after carefully explaining that these data are only being sought for tracking purposes. If a victim chooses not to disclose one of the data elements, the victim should not be pressured to provide an answer.* Emphasize to the victim that these data are only being sought for tracking purposes. The release of information will be limited to those personnel who would have a legitimate need to know under the Army SAPR Program policy guidelines.

Victim Advocate's Name: _____**Date VA Notified:** ____/____/____**Time VA Notified:** _____ (24 hour format)**Responsible SARC's Name:** _____**SARC's Installation:** _____**Date SARC Notified:** ____/____/____**Time SARC Notified:** _____ (24 hour format)**Did Victim Accept Services:** ☐ Yes ☐ No ☐ Victim Not Authorized Service**Sexual Assault Cases Not Involving a Service Member:**

Is this a sexual assault case where neither the victim nor the offender is a service member (and this is not a Family Advocacy Program case)? ☐ Yes ☐ No

Victim Information:**Victim Name** _____ (Info not required for restricted)

Last

First

Middle

SSN: ____ - ____ - ____ (Info not required for restricted)**DOB:** ____/____/____ (mm/dd/yyyy) (Info not required for restricted)**Age:** ____ (at time of assault)**Gender:** ☐ Female ☐ Male**Current Marital Status:**☐ Dating☐ Single, never married☐ Widowed☐ Legally married☐ Legally separated, not divorced☐ Unknown☐ Legally married, but separated☐ Divorced**Race:**☐ American Indian or Alaska Native☐ Native Hawaiian or Pacific Islander ☐ No response☐ Asian☐ Blended☐ Black or African-American☐ Caucasian**Ethnicity:**☐ Hispanic☐ Non-Hispanic**Victim's Military Service Information:****Was the victim in the military at the time of the sexual assault?** ☐ Yes ☐ No

RRCN (Restricted only) _____

CID/Law Enforcement Incident Number (Unrestricted only) _____

Branch of Service: ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard☐ Unknown

Installation Assigned: _____

Unit: _____

Status:

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Active Duty | <input type="checkbox"/> ARNG - Title 32 - AGR | <input type="checkbox"/> DOD Civilian | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> ARNG - State Active Duty | <input type="checkbox"/> ARNG - Title 32 - IDT | <input type="checkbox"/> Family Member | <input type="checkbox"/> USAR - AGR |
| <input type="checkbox"/> ARNG - Title 10 | <input type="checkbox"/> Cadet | <input type="checkbox"/> Foreign National | <input type="checkbox"/> USAR - IMA |
| <input type="checkbox"/> ARNG - Title 32 -- ADSW | <input type="checkbox"/> Civilian | <input type="checkbox"/> Midshipman | <input type="checkbox"/> USAR -- IRR |
| <input type="checkbox"/> ARNG - Title 32 - ADT | <input type="checkbox"/> Contractor | <input type="checkbox"/> Retiree | <input type="checkbox"/> USAR - TPU |

Grade/Level (1-14): _____ Victim Lives: ☐ On base ☐ Off baseWas victim using alcohol within 24 hours of the incident? ☐ Yes ☐ NoWas victim using illegal drugs within 24 hours of the incident? ☐ Yes ☐ No

Description of Victim's Injuries:

- ☐ Apparent broken bones
☐ Possible internal injuries
☐ Severe lacerations
☐ Apparent minor injuries
☐ Other major injuries
☐ Loss of teeth
☐ Unconsciousness

Type of Force Used by Alleged Offender:

- ☐ None
☐ Verbal pressure
☐ Position of authority
☐ Threat to physical force
☐ Use of physical force
☐ Gave victim alcohol and/or drugs
☐ Weapon involved in assault

Was victim collateral misconduct associated with the incident (e.g., underage drinking)? ☐ Yes ☐ NoCDR Disposition for Collateral Misconduct: ☐ No Action Taken ☐ Administrative ☐ Non-judicial ☐ Judicial

What action was ultimately taken by the chain of command in connection with victim collateral misconduct? (Note: If victim collateral misconduct=no, this field should be left blank) _____

Incident Information:

Date of Incident: ____/____/____

Did Incident Occur on a Military Installation? ☐ Yes ☐ No

Time Assault Occurred: _____

Offense Location Type:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Air Terminal | <input type="checkbox"/> Exchange | <input type="checkbox"/> VAQ | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Bus Terminal | <input type="checkbox"/> Drug Store | <input type="checkbox"/> VEQ | <input type="checkbox"/> Barracks |
| <input type="checkbox"/> Train Terminal | <input type="checkbox"/> Hospital | <input type="checkbox"/> TLQ | <input type="checkbox"/> BEQ |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Field area | <input type="checkbox"/> Jail | <input type="checkbox"/> BOQ |
| <input type="checkbox"/> Credit Union | <input type="checkbox"/> Woods area | <input type="checkbox"/> Prison | <input type="checkbox"/> Restaurant Facility |
| <input type="checkbox"/> Officer Club | <input type="checkbox"/> Training area | <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> School |
| <input type="checkbox"/> NCO Club | <input type="checkbox"/> Government Bldg | <input type="checkbox"/> Lake | <input type="checkbox"/> College |
| <input type="checkbox"/> Church | <input type="checkbox"/> Public Bldg | <input type="checkbox"/> Waterway | <input type="checkbox"/> Service Station |
| <input type="checkbox"/> Synagogue | <input type="checkbox"/> Grocery | <input type="checkbox"/> Ocean | <input type="checkbox"/> Specialty Store |
| <input type="checkbox"/> Temple | <input type="checkbox"/> Commissary | <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Concessionaire |
| <input type="checkbox"/> Commercial Office Building | <input type="checkbox"/> Highway | <input type="checkbox"/> Class VI | <input type="checkbox"/> Child Care Facility |
| <input type="checkbox"/> Construction Site | <input type="checkbox"/> Road | <input type="checkbox"/> Motor Pool | <input type="checkbox"/> Home Day Care |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Alley | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Recreation Facility |
| <input type="checkbox"/> Shoppette | <input type="checkbox"/> Street | <input type="checkbox"/> Rental Facility | <input type="checkbox"/> Service School |
| <input type="checkbox"/> Department Store | <input type="checkbox"/> Hotel | <input type="checkbox"/> Dining Facility | <input type="checkbox"/> On board ship |
| <input type="checkbox"/> Discount Store | <input type="checkbox"/> Motel | | |

Offense City: _____

Offense State: _____

Offense County: _____

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Was Medical Notified? ☐ Yes ☐ No

Date Medical Notified: ___/___/___

Time Medical Notified: _____ (24 hour format)

SAFE Information:

Did the victim choose to have a SAFE? ☐ Yes ☐ No

If no, reason:

☐ No Examiner Available ☐ No SAFE Available ☐ Other
☐ No SAFE Available ☐ Victim Declined

Date SAFE Conducted: ___/___/___

SAFE Kit Storage Number: _____

SAFE Kit Storage Location: _____

Date SAFE Storage Date: ___/___/___

Victim SAFE Kit Destruction Notification Date: ___/___/___

SAFE Kit Destruction Date: ___/___/___ (One year from the date of SAFE storage)

Type of Offense: ☐ Rape ☐ Sodomy (Oral/Anal) ☐ Indecent Assault
(Prior to 1 Oct 07) ☐ Attempted Rape ☐ Attempted Sodomy ☐ Attempted Indecent Assault

Type of Offense: ☐ Rape or Aggravated Sexual Assault ☐ Aggravated Sexual Contact
(After 1 Oct 07) ☐ Abusive Sexual Contact ☐ Indecent Act
☐ Forcible Pandering ☐ Indecent Exposure
☐ Wrongful sexual contact ☐ Sodomy (Oral/Anal)
☐ Attempted Sodomy

Reporting Options:

Reporting Options: ☐ Yes ☐ No

Did victim complete the Victim Reporting Preference Statement? ☐ Yes ☐ No

☐ Restricted Report ☐ Unrestricted Report

If **Restricted**, the reason victim prefers Restricted Reporting:

☐ Fear of reprisal by offender ☐ Embarrassment
☐ Fear of reprisal by superior and/or peers ☐ Desire to avoid retelling story
☐ Fear of affect on career advancement ☐ Unknown
☐ Fear of not being believed by others ☐ Other
☐ Did not want others to know of assault

Date unrestricted report was converted to unrestricted report: ___/___/___

Notification by VA (if applicable):

Was MP Notified? ☐ Yes ☐ No

Date MP Notified: ___/___/___

Time MP Notified: _____ (24 hour format)

Was CID Notified? ☐ Yes ☐ No

Date CID Notified: ___/___/___

Time CID Notified: _____ (24 hour format)

Investigation Initiated: ☐ Yes ☐ No

Lead Investigation Agency: ☐ Army CID ☐ Civilian Law Enforcement ☐ Foreign Civilian
☐ Other Investigative Agency ☐ None

Investigation Status: ☐ Initiated ☐ Pending ☐ Complete

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Source of Referral to SAPR Program:

- | | |
|--|---|
| <input type="checkbox"/> SARC | <input type="checkbox"/> Military One Source |
| <input type="checkbox"/> Victim Advocate | <input type="checkbox"/> Military Investigators |
| <input type="checkbox"/> Healthcare Provider | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Victim's Commander |

- ☐ Friend
- ☐ Other: _____

Forms Provided:

Was the victim provided with the following DD Forms:

- | | | |
|---|------------------------------|-----------------------------|
| DD Form 2701 – “Initial Information for Victims and Witnesses of Crime” | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DD Form 2702 – “Court-Martial Information for Victims and Witnesses of Crime” | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DD Form 2703 – “Post-Trial Information for Victims and Witnesses of Crime” | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DD Form 2704 – “Victim/Witness Certification and Election Concerning Inmate Status” | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

VA should hand-off the *SAPR Program Victim Information – First Contact Form* to the SARC on the first duty day following the initial contact.

The SARC should enter the data on the form into DCRMS (or the SAPR Interim Reporting Solution worksheet until DCRMS becomes operational) within 2 duty days of receiving the form, and then destroy the form by cross-cut shredding or mutilation sufficient to preclude recognition or reconstruction of the form.

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